

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
6		1				
7		/				
8		/				
9	/					
10	/					
11		1				
12		/				
13	/					
14		1				
15		/				
16		1				
17	1					
18		1				
19		1				
20		1				
21	/					
22		1				
23		/				
24		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	18					
TOTAL CLAIMS	24					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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57						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS